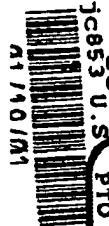


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JC653  
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Please type a plus sign (+) inside this box F:O/SB/05 (11-00)  
Approved for use through 10/31/2002, OMB 0651-0002

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. TI-22944.2

First Inventor Kian Teng Eng

Title VERTICAL BALL GRID ARRAY INTEGRATED CIRCUIT PACKAGE

Express Mail Label No. EL645451390US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/>	Specification Pages (preferred arrangement set forth below)	a. <input type="checkbox"/>	Computer Readable Form (CRF)
	- Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	b. <input type="checkbox"/>	Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
		c. <input type="checkbox"/>	Statements verifying identity of above copies
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) Sheets	[ Total 3 ]	9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))
5. <input type="checkbox"/>	Oath or Declaration Pages	[ Total 1 ]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input type="checkbox"/>	Newly Executed (original or copy)		11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		13. <input checked="" type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
			15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
			16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
			17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

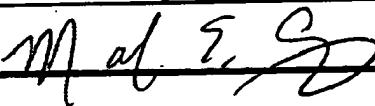
of prior application No. 09/478,917

Prior application information: Examiner Chauncey Johnson

Group / Art Unit: 2822

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	23494 (Insert Customer No. or Attach bar code label here)			<input type="checkbox"/> Correspondence address below
NAME	Texas Instruments Incorporated			
	Mark E. Courtney			
ADDRESS	P.O. Box 655474, MS 3999			
CITY	Dallas	STATE	TX	ZIP CODE
COUNTRY	USA	TELEPHONE	(972) 917-5632	FAX (972) 917-4418
Name (Print/Type)	Mark E. Courtney		Registration No. (Attorney/Agent)	Reg. No. 36,491
Signature			Date	1-19-01

**FEE TRANSMISSION**

Patent fees are subject to annual revision on October 1.

These are the fees effective November 10, 1998.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$ 710)

Application Number **11/1901**  
 Filing Date **11/19/01**  
 First Named Inventor **Kian Teng Eng**  
 Examiner Name **TBD**  
 Group / Art Unit **TBD**  
 Attorney Docket No. **TI-22944.2**

**METHOD OF PAYMENT**1.  The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number

**20-0668**

Deposit Account Name

**Texas Instruments Incorporated** Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment2.  Payment Enclosed: Check  Money Order  Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	201	355	Utility filing fee	<b>710</b>
108	206	160	Design filing fee	<b>\$</b>
107	207	245	Plant filing fee	<b>\$</b>
108	208	355	Reissue filing fee	<b>\$</b>
104	214	75	Provisional filing fee	<b>\$</b>

SUBTOTAL (1) **(\$710)****2. EXTRA CLAIM FEES**

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
11	-20** =	0	18	<b>0</b>
Independent Claims	-3** =	0	80	<b>0</b>
Multiple Dependent			270	<b>0</b>

\*\*or number previously paid, if greater. For Reissue, see below

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203	Claims in excess of 20	<b>0</b>
102	78	202	Independent Claims in excess of 3	<b>0</b>
104	260	204	Multiple dependent claims in excess of 3	<b>0</b>
108	78	209	**Reissue independent claims over original patent	<b>0</b>
110	18	210	**Reissue claims in excess of 20 and over original patent	<b>0</b>

SUBTOTAL (2) **(\$0)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	Surcharge - late filing fee	<b>65</b>
127	50	227	Surcharge - late provisional filing fee or cover sheet	<b>25</b>
139	130	138	Non-English specification	<b>130</b>
147	2,520	147	For filing a request for reexamination	<b>2,520</b>
112	920*	112	Requesting publication of SIR prior to Examiner action	<b>920*</b>
113	1,840*	113	Requesting publication of SIR after Examiner action	<b>1,840*</b>
115	110	215	Extension for reply within first month	<b>55</b>
116	380	218	Extension of time within second month	<b>180</b>
117	870	217	Extension of time within third month	<b>435</b>
118	1,360	218	Extension of time within fourth month	<b>680</b>
128	1,850	228	Extension of time within fifth month	<b>925</b>
119	300	219	Notice of Appeal	<b>150</b>
120	300	220	Filing a brief in support of an appeal	<b>150</b>
121	260	221	Request for oral hearing	<b>130</b>
138	1,510	138	Petition to institute a public use proceeding	<b>1,510</b>
140	110	240	Petition to revive - unavoidable	<b>55</b>
141	1,210	241	Petition to revive - unintentional	<b>605</b>
142	1,210	242	Utility issue fee (or reissue)	<b>605</b>
143	430	243	Design issue fee	<b>215</b>
144	580	244	Plant issue fee	<b>290</b>
122	130	122	Petitions to the Commissioner	<b>130</b>
123	50	123	Petitions related to provisional applications	<b>50</b>
128	240	126	Submission of Information Disclosure Stmt.	<b>240</b>
581	40	581	Recording each patent assignment per property (time number of properties)	<b>40</b>
146	790	246	Filing a submission after final rejection (37 CFR 1.129(a))	<b>395</b>
149	790	249	For each additional invention to be examined (37 CFR 1.129(b))	<b>395</b>

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

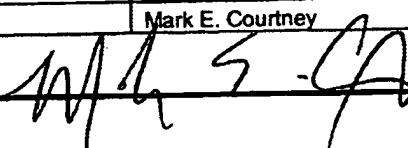
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$0)**

Complete (if applicable)

Reg. Number **36,491**

SUBMITTED BY

Typed or Printed Name **Mark E. Courtney**Signature Date **1-19-01**

Deposit Account User ID \_\_\_\_\_